Appendix Q: Industrial Activities Storm Water General Permit NOI

State of California State Water Resources Control Board

NOTICE OF INTENT

TO COMPLY WITH THE TERMS OF THE
GENERAL PERMIT TO DISCHARGE STORM WATER
ASSOCIATED WITH INDUSTRIAL ACTIVITY (WQ ORDER No 97-03-DWQ)
(Excluding Construction Activities)

A. X New Permittee B.	[] Change of Information WDID # LL_L_			
ECTION II. FACILITY OPERAT	OR INFORMATION (See instructions)			
A. NAME: PG&E Generation	g Company LLC	and the second s	Phone: 1617151-161 201	
Mailing Address: 345 Colife	ornia Street - Suite \$2600			
City: Son Francisco		State:	Zlp Code: 1 9 1411014 1 1 1	
Contact Person: Gary Vcerk	סאף - <u> </u>			
B. OPERATOR TYPE: (check one) 1.[X] Private 2.	City 3.[]County 4.[]State 5.[]Federal	6.[]Speci	al District 7 []Go / Coi - 50	
ECTION III. FACILITY SITE IN	FORMATION			
FACILITY NAME Chulo VISTO	Peak Power Plant		Phone: 161191 419181 - 1012 QZ	
named with a designation of the first and the control of the contr	Street.	annaga ng - u su hyt ar akk p arinakha sekhikenya pap	County: Dieg O	
City: Chulo Vista		State: <u>C.I.A</u>	Zip Code: 1911911111 1 1 1	
B. MAILING ADDRESS: SAW	1e 			
City: SAM-C		State:	Zip Code: Shme	
Contact Person: TBD	<u> </u>	enttetratuer – er erformenteteranen menne geright u		
C. FACILITY INFORMATION (check one) Total Size of Site: Acres Sq. Ft. L. L		Percei	Percent of Site Impervious (1): uch involtops)	
D. SIC CODE(S) OF REGULATED AC	TIVITY: E. REGULATED ACTIVITY (describe of	metara de la companyo	The state of the s	
1. 13.5.1.1.	SITICIAIM, GAS, 18 Hydr	pulay Tur	bines Generalor Ets	
2 131611121	Proview, Diistriis	Producivi, Distribilition, Tironsformers		
3. 1_1_1_1			<u> </u>	

I_I Facility Operator Mailing Address (Section II) I_I Facility Mailing Address (Section III, B.)	
SECTION V. BILLING ADDRESS INFORMATION	
SEND BILL TO: Facility Operator Mailing Address (Section II) []Facility Mailing Address (Section III, B.) []Other (enter information of the info	ion t
Name: Gary Veerkomp 1	***********
Mailing Address:	
City: State: Zip Code: 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Contact Person:	
SECTION VI. RECEIVING WATER INFORMATION	
Your facility's storm water discharges flow: (check one) [] Directly OR Mindirectly to waters of the United State .	
Name of receiving water: Siain Diego Bain 1 1 1 1 1 1 1 1 1	
SECTION VII. IMPLEMENTATION OF PERMIT REQUIREMENTS	
A. STORM WATER POLLUTION PREVENTION PLAN (SWPPP) (check one) [] A SWPPP has been prepared for this facility and is available for review. [] A SWPPP will be prepared and ready for review by (enter date): 3 / 20/0[.	
B. MONITORING PROGRAM (check one) [] A Monitoring Program has been prepared for this facility and is available for review. [] A Monitoring Program will be prepared and ready for review by (enter date): 3 / 20 / 01.	
C. PERMIT COMPLIANCE RESPONSIBILITY — Facility is under Construction. By the Start of agent as (vertex a person been assigned responsibility for: 1. Inspecting the facility throughout the year to identify any potential pollution problems? 2. Collecting storm water samples and having them analyzed? 3. Preparing and submitting an annual report by July 1 of each year? 4. Eliminating discharges other than storm water (such as equipment or vehicle wash-water) into the storm drain? 5. ES X	NO NO
Section was remote was r-water) into the storm drain?	<u> NO</u>
A. WASTE DISCHARGE REQUIREMENT ORDER NUMBER:	
D. WIDES FERMIT CA	
SECTION IX. SITE MAP	
HAVE ENCLOSED A SITE MAP YES[▼] A new NOI submitted without a site map will be rejected.	
ECTION X. CERTIFICATION	
"I certify under penalty of law that this document and all attachments were prepared under my direction and supervision in accordance will a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person of expressions will a system manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and imprisonment. In addition, I certify that the provisions of the permit, including the development and implementation of a Storm Water Polit on Prevention and a Monitoring Program Plan, will be complied with."	/ho
Printed Name:	
Signature: Date	
Title:	